

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>8/16/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>9-27-00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>9-27-00</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>9-27-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
2-7-01	
5-17-01	
7-29-01	
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Claim	Date
Final	
Original	
1-1-2-2-01	
2-2-1-2-01	
2-2-2-2-01	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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